Screening for depression in palliative care patients in general practice and hospital

Published: 08-01-2009
Last updated: 06-05-2024

The main objective of this study is to determine the validity and feasibility of the Beck Depression Inventory (BDI-II), the Hospital Anxiety and Depression Scale (HADS) and a short screening (3 questions), as a screening instrument for the…

Ethical review	Approved WMO
Status	Pending
Health condition type	Mood disorders and disturbances NEC
Study type	Observational non invasive

Summary

ID

NL-OMON32453

Source
ToetsingOnline

Brief title
Screening for depression in palliative care patients

Condition

- Mood disorders and disturbances NEC

Synonym
depressive disorder, low mood

Research involving
Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Sint Radboud
Source(s) of monetary or material Support: ZonMW

Intervention

Keyword: depression, diagnosis, palliative care, screening instrument

Outcome measures

Primary outcome

Sensitivity, specificity, positive and negative predictive value of the BDI-II,

BDI-PC, HADS and the short screening will be computed. A ROC-analysis will be

performed to determine the optimal cut-off points of the BDI-II, the BDI-PC and

the HADS.

Secondary outcome

not applicable

Study description

Background summary

Depression is highly prevalent in palliative care patients. The European Association of Palliative Care (EAPC) reports a prevalence of depression up to 58 %. Depression in palliative care patients is associated with lower quality of life and is a burden for patients and caregivers. Depression also has a negative influence on the experience of physical symptoms.
The recognition of depressive disorders by physicians is not optimal. The overlap of depressive symptoms that can also be caused by advanced disease (eg. fatigue, weight loss), the difficulty distinguishing grief from depression and a poor communication are factors that can contribute to the difficulty of diagnosing depression in this specific population. Finally, physicians are commonly more focused on the physical symptoms than the emotional symptoms.
A self-report questionnaire to screen for depression could facilitate diagnosing depression. This study aims to determine the validity and feasibility of the Beck Depression Inventory (BDI-II), the Hospital Anxiety and Depression Scale (HADS) and a short screening (3 questions) to screen for depression in palliative care patients.

Study objective

The main objective of this study is to determine the validity and feasibility

of the Beck Depression Inventory (BDI-II), the Hospital Anxiety and Depression Scale (HADS) and a short screening (3 questions), as a screening instrument for the detection of depression in palliative care patients in general practice and hospital.

Study design

Cross-sectional design with a follow-up of 8 weeks.
Palliative care patients are asked to fill out a questionnaire with the Beck Depression Inventory (BDI-II), the Hospital Anxiety and Depression Scale (HADS) and a short screening (3 questions). Within two weeks, the patient is asked to fill out the Beck Depression Inventory Primary Care (7 questions). After 8 weeks the patient is asked once again to fill out a questionnaire with the BDI-II, the HADS and the short screening.

Study burden and risks

If the treating physician judges a patient fit to participate in the questionnaire-research, the patient is asked to participate. The patient receives information on the research and an invitation to participate, together with the first questionnaire, which will take approximately 20 minutes to fill out. If the patient decides to participate and returns the questionnaire; within two weeks the patient will receive a short questionnair (7 questions), which takes approximately 5 minutes to fill out.
A sample of the patients (all patients that score above the usual cut-off points of the screening tools and a random sample of the patients that score below all usual cut-off points) will be asked to participate in a structured interview with the researcher. This interview will take approximately 45 minutes.
Eight weeks after the first questionnaire is received, patients will receive the last questionnaire that will take approximately 10 minutes to fill out.
The filling out of the questionnaires might be tiring for palliative care patients and it is possible that a patients experiences emotional distress because of the questionnaires. However, a recent study investigating the experienced burden of participating in psychosocial research for palliative care patients shows that most patients that participate are happy to participate and even experience personal benefit on participating in the research. (Pessin et al. Burden and benefit of psychosocial research at the end of life, Palliative Medicine 11 (4), 2008)

Contacts

Public
Universitair Medisch Centrum Sint Radboud

Postbus 9101
6500 HB Nijmegen
Nederland
Scientific
Universitair Medisch Centrum Sint Radboud

Postbus 9101
6500 HB Nijmegen
Nederland

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

Patients with an oncological, pulmonary or cardiac disorder, minimum 18 years of age, who are in the palliative phase, with an estimated life expectancy of minimal 6 weeks and maximum one year. (Estimation to be made by the treating physician)

Exclusion criteria

Patients with a psychotic disorder, patients with a delirium or severe cognitive disorder.
Patients who are unable to read dutch.
Patients who are, judged by their treating physician, too unwell to participate in this research.

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Diagnostic

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-09-2008
Enrollment:	514
Type:	Anticipated

Ethics review

Approved WMO

Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL24235.091.08